

MOTYFCL -213 SILVER LAKE RD, MIDDLETOWN, DE 19709

Flag Football Program: Athlete and Parent Acknowledgement and Release Form

Athlete Full Name: \_\_\_\_\_ Athlete D.O.B: \_\_\_\_\_

Parent Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Emergency Contact Full Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

By initialing the statements below you are acknowledging receipt of and your agreement to the rules/conditions listed below.	Guardian Initials
I understand that participation in the Flag Football Program is not mandatory or required and am voluntarily choosing to participate.	
I agree and understand that athletes must wear a mask to and from the car and any time the athlete is NOT participating in strenuous physical activity while participating in the Flag Football Program.	
I am aware of the risks of participation in the Flag Football Program due to COVID-19 including, but not limited to, the risk of participant exposure. By initialing this form, I am acknowledging the highly contagious nature of COVID-19 and voluntarily assuming the risks associated with real or potential exposure or infection incurred through participation in the Flag Football Program.	
I understand that persons who have any symptoms of COVID-19 shall not participate in any activities, shall leave MOTYFCL premises immediately, and shall not return to any athletic activities until MOTYFCL receives written verification of the person's negative polymerase chain reaction (PCR) test for COVID-19 and the person is cleared by the Delaware Division of Public Health.	

Acknowledgement and Assumption of Risk: I warrant that I am fully aware of the inherent risks of infection from the COVID-19 virus and pandemic, among other communicable diseases, in all public spaces, and particularly in recreational facilities, such as those used by MOTYFCL athletic programs. I understand that use of MOTYFCL premises, or other premises and locations, and participation in athletic activities may result in an increased risk of exposure to COVID-19 because of, among other things the sharing of equipment, close contact with other individuals during many athletic activities, and the prevalence of high touch surfaces inherently associated with the activities, the increased respiration and emission of respiratory droplets associated with physical exertion, the use of water bottles and other personal use objects, and the inherent and natural interaction and sharing behaviors of players. I understand that COVID-19 is considered a highly contagious virus that may have serious health consequences that could result in prolonged hospitalization, permanent injury, and even death, and the potential spread to other individuals, including other household members, and I acknowledge that such risk cannot be fully mitigated or controlled. Having been informed of the risks, I am choosing to participate in MOTYFCL Flag Football Program, and agree to assume any and all risks associated with the COVID-19 virus. In signing this form, I fully assume the risks associated with COVID-19 exposure or infection, including, but not limited to those of personal injury, illness, disability, death, and economic losses. I hereby waive, release, discharge, and agree to hold harmless MOTYFCL, Board, directors/officials, officers, agents, contractors and volunteers, in both their individual and official capacities, as well as any insurers providing insurance to MOTYFCL in their capacity as insurers of MOTYFCL, from any and all potential claims or liability associated with real or potential COVID-19 exposure or infection related to my or my child's voluntary participation in the FLAG FOOTBALL program. I understand and acknowledge that this waiver and release of claims is intended to be broadly construed.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_